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2128  
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# TRANSMITTAL FORM

Application Number	09/707,486
Filing Date	November 7, 2000
First Named Inventor	Jack D. PIPPIN
Art Unit	2128
Examiner Name	R. Frejd
Attorney Docket Number	705750-2001

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	
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## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - PTO -1449 listing 67 references
<b>Remarks</b>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	BINGHAM MCCUTCHEN LLP		
Signature			
Printed Name	William N. Hugnet		
Date	August 6, 2008	Reg. No.	44,481

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

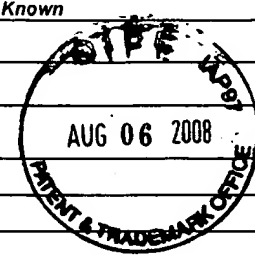
Signature			
Typed or printed name		Date	

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2008</h3>		Application Number	09/707,486
		Filing Date	November 7, 2000
		First Named Inventor	Jack D. PIPPIN
		Examiner Name	R. Frejd
		Art Unit	2128
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	705750-2001
TOTAL AMOUNT OF PAYMENT (\$ ) 1,230.00			



**METHOD OF PAYMENT** (check all that apply)

- ☐ Check  
 ☐ Credit Card  
 ☐ Money Order  
 ☐ None  
 ☐ Other (please identify) : \_\_\_\_\_
- ☒ Deposit Account  
 Deposit Account Number: 50-4047  
 Deposit Account Name: Bingham McCutchen LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below  
 ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s)  
 ☒ Credit any overpayments

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
_____ -20 or HP= _____	x _____	= _____
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
_____ - 3 or HP= _____	x _____	= _____
HP = highest number of independent claims paid for, if greater than 3.		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement Fee (\$180.00); Extension of Time (\$1,050.00) 1,230.00

**SUBMITTED BY**

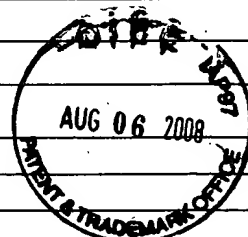
Signature		Registration No. (Attorney/Agent)	44,481	Telephone	202-373-6000
Name (Print/Type)	William N. Hugnet	Date	August 6, 2008		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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#### METHOD OF PAYMENT (check all that apply)

- ☐ Check  
 ☐ Credit Card  
 ☐ Money Order  
 ☐ None  
 ☐ Other (please identify) : \_\_\_\_\_
- ☒ Deposit Account  
 Deposit Account Number: 50-4047  
 Deposit Account Name: Bingham McCutchen LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below  
 ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s)  
 ☒ Credit any overpayments

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Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)  
 Each independent claim over 3 (including Reissues)  
 Multiple dependent claims

**DUPLICATE COPY  
FOR FEE PROCESSING**

	Small Entity Fee (\$)
50	25
210	105
370	185
<b>Multiple Dependent Claims</b>	
Fee (\$)	Fee Paid (\$)

Total Claims    Extra Claims    Fee(\$)  
 \_\_\_\_\_ -20 or HP= \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims    Extra Claims    Fee(\$)  
 \_\_\_\_\_ - 3 or HP= \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

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Total Sheets    Extra Sheets    Number of each additional 50 or fraction thereof    Fee (\$)  
 \_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

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**Fees Paid (\$)**

1,230.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	44,481
Name (Print/Type)	William N. Hugnet	Telephone	202-373-6000
		Date	August 6, 2008

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